



Request for Certification

Please **print** your name below as you would like it to appear **on your certificate**.

Please **print** your name below as you would like it to appear **on the Graduation program**.

Agency Name: _____ MELMS Identification Number: _____

Your telephone #: _____ (_____) _____ - _____ X _____

I will be receiving: CSM designation (CPM Levels 1-3) _____
CPM designation (CPM Levels 4-6) _____
Both CSM and CPM _____

Do you plan to attend the graduation ceremony? YES _____ # attending* _____ NO _____

If you do not plan to attend the graduation ceremony, please write the address you would like for your certificate to be sent to:

According to your records, have you completed all requirements for the certificate listed above?

YES _____ Completion Date of Last Activity: _____

NO _____ If no, list type of activity (ex. book report, elective class, etc.) and anticipated completion date(s). _____

*Please note that we welcome your spouse, family, and supervisor to attend the ceremony and short reception immediately following. An invitation will be sent to your agency director by the MCPM Program.

CPM Levels 1-3 please send form to:

Attn: Tori Whitley
CSM Program Director
210 East Capitol Street, Suite 800
Jackson, MS 39201
Fax to (601) 359-2717 or
Email: Tori.Whitley@mspb.ms.gov
For questions call: (601) 359-2768

CPM Levels 4-6 please send form to:

Attn: Shondra Houseworth, MBA, CPM
CPM Program Director
210 East Capitol Street, Suite 800
Jackson, MS 39201
Fax to (601) 359-2717 or
Email: shondra.houseworth@mspb.ms.gov
For questions call: (601) 359-2715